

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
PG3694USWFirst Names Inventor:  
Stanley BONNEY**Complete if known:**  
App No.:

Filing Date

Group Art Unit:

- ( ) Declaration submitted with initial filing or  
( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEDICAMENT CARRIER**

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on 19 April 2000 as United States application Serial No. \_\_\_\_\_ or PCT InternationalApplication Number PCT/EP00/03518 filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1 9909357.7	GB	4/24/1999	X
2			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER  
PG3694USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655  
Charles E. Dadswell Reg. No. 35,851  
Karen L. Prus Reg. No. 39,337  
Robert H. Brink Reg. No. 36,094  
Lorie Ann Morgan Reg. No. 38,181

James P. Riek Reg. No. 39,009  
Virginia C. Bennett Reg. No. 37,092  
Frank P. Grassler Reg. No. 31,164  
Christopher P. Rogers Reg. No. 36,334

Bonnie L. Deppenbrock Reg. No. 28,209  
John L. Lemanowicz Reg. No. 37,380  
Amy H. Fix Reg. No. 42,616

**Send Correspondence to:**

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

**Direct Telephone Calls to:**

James P. Riek  
919-483-8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2  0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>BONNEY</b>	FIRST GIVEN NAME <b>Stanley</b>	SECOND GIVEN NAME/INITIAL <b>George</b>
	INVENTOR'S SIGNATURE	Signature <b>X</b>		Date: <b>X</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive</b>	CITY <b>Durham</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>DAVIES</b>	FIRST GIVEN NAME <b>Michael</b>	SECOND GIVEN NAME/INITIAL <b>Birsha</b>
	INVENTOR'S SIGNATURE	Signature <b>X</b>		Signature <b>X</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
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2  0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>GODFREY</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>William</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive</b>	CITY <b>Durham</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2	FULL NAME OF INVENTOR	FAMILY NAME <b>HAGLUND</b>	FIRST GIVEN NAME <b>Sylvia</b>	SECOND GIVEN NAME/INITIAL <b>Maria</b>
0	INVENTOR'S SIGNATURE	Signature <i>Sylvia Haglund</i>		Date: <b>13 Dec 2001</b>
4	RESIDENCE & CITIZENSHIP	CITY <b>Edinburgh</b>	STATE OR FOREIGN COUNTRY <b>GB GBN</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>4F1 5 Montpelier</b>	CITY <b>Edinburgh</b>	STATE & ZIP CODE/COUNTRY <b>EN10 4LZ GB</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAND</b>	FIRST GIVEN NAME <b>Paul</b>	SECOND GIVEN NAME/INITIAL <b>Kenneth</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive</b>	CITY <b>Durham</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
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## DECLARATION FOR "371" APPLICATION

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Continued

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## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
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Christopher P. Rogers Reg. No. 36,334

Bonnie L. Deppenbrock Reg. No. 28,209  
John L. Lemanowicz Reg. No. 37,380  
Amy H. Fix Reg. No. 42,616

## Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
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Research Triangle Park, NC 27709



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1002 0 1	FULL NAME OF INVENTOR	FAMILY NAME <b>BONNEY</b>	FIRST GIVEN NAME <b>Stanley</b>	SECOND GIVEN NAME/INITIAL <b>George</b>
	INVENTOR'S SIGNATURE	Signature X		Date X <b>12th Dec. '01</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB GBN</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive</b>	CITY <b>Durham</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2-00 0 2	FULL NAME OF INVENTOR	FAMILY NAME <b>DAVIES</b>	FIRST GIVEN NAME <b>Michael</b>	SECOND GIVEN NAME/INITIAL <b>Birsha</b>
	INVENTOR'S SIGNATURE	Signature X		Date X <b>13th Dec 2001</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB GBN</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive</b>	CITY <b>Durham</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
3-00 0 3	FULL NAME OF INVENTOR	FAMILY NAME <b>GODFREY</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>William</b>
	INVENTOR'S SIGNATURE	Signature X		Date X <b>19th Dec 2001</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB GBN</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
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## DECLARATION FOR "371" APPLICATION

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>HAGLUND</b>	FIRST GIVEN NAME <b>Sylvia</b>	SECOND GIVEN NAME/INITIAL <b>Maria</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Edinburgh</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>4F1 5 Montpelier</b>	CITY <b>Edinburgh</b>	STATE & ZIP CODE/COUNTRY <b>EN10 4LZ GB</b>
500  0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>RAND</b>	FIRST GIVEN NAME <b>Paul</b>	SECOND GIVEN NAME/INITIAL <b>Kenneth</b>
	INVENTOR'S SIGNATURE	Signature X <i>Paul Kenneth Rand</i>		Date X <i>20th Dec 2001</i>
	RESIDENCE & CITIZENSHIP	CITY <b>Ware</b>	STATE OR FOREIGN COUNTRY <b>GB GBN</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive</b>	CITY <b>Durham</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>